CLAIMS ONLY

Application Number: 16/715647

Filing Date:

Applicant(s):

* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT			*		*		*	
	Indep	Depend	Indep	Depend	Indep	Depend		Indep	Depend	Indep	Depend	Indep	Depend
1	1						51						
~~2~~							52						
3		1					53						
4		1					54						
5		1					55						
6		1					56						
7	1						57						
8	1	1					58						
9	1						59						
~~10~~							60						
11		1					61						
12		1					62						
13		1					63						
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43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
Total Indep	3						Total Indep						
Total Depend	9						Total Depend						
Total Claims	12						Total Claims						